

# Dangerous Waste Annual Report

## Off-Site Identification Form

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**OI**

Please enter your RCRA Site ID Number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your off-site identification facilities.

Please complete this form if your facility received dangerous waste from off site or shipped dangerous waste off site during the year.

Please type or print legibly in blue or black ink.

**Please Enter:**

Your RCRA Site ID Number: WA \_\_\_\_\_

Site Name: \_\_\_\_\_

**For Ecology Use Only:**

Date Received: \_\_\_\_\_

**RCRA Site ID Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Handler Type:** (Check all that apply) ☐ Generator ☐ Transporter ☐ TSDR ☐ Special Waste

**RCRA Site ID Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Handler Type:** (Check all that apply) ☐ Generator ☐ Transporter ☐ TSDR ☐ Special Waste

**RCRA Site ID Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Handler Type:** (Check all that apply) ☐ Generator ☐ Transporter ☐ TSDR ☐ Special Waste

**RCRA Site ID Number:** \_\_\_\_\_

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